

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

City of

(No. St. Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

File No.—For State Registrar Only

18757

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3616

Registered No. 32
(For use of Local Registrar)

3. BOY OR GIRL

Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

June 18, 1923
(Name of Month) (Day) (Year)

4. FULL NAME

Vandubelt Smith

5. PRESENT POSTOFFICE OF FATHER

Cope SC RFD

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

26
(Years)

12. BIRTHPLACE

Orangeburg Co

13. OCCUPATION

Farming

20. Number of children born to mother, including present birth

Six

(14) NAME BEFORE MARRIAGE

Minerva Turner

(15) PRESENT POSTOFFICE OF MOTHER

Cope SC RFD

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

25
(Years)

(18) BIRTHPLACE

Orangeburg Co

(19) OCCUPATION

Housewife

(21) Number of children of this mother now living, including present birth

Seven

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was,
on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

at 4 P. M.,
(Born alive or stillborn) (Hour A. M. or P. M.)
Sarah X Livingston

(25) Address of Physician or Midwife

Cope SC RFD

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed

June 30, 1923

(28) Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return, if a child breathes even once. It must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.